PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2001

Effective October 1, 2001												
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY												
TOTAL CLAIMS			a	9				RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			Q minus 20=		· Ø			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			2 minus 3 =		* Ø			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	300	OR	TOTAL	
(Column 1) (Column 2) (Column 3)								SMALI	ENTITY	OR	OTHER SMALL	NTITY
AMENDMENT A	1/0/	CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total	* 10	Minus	** 0	20	= -		X\$ 9=		OR	X\$18=	
MEN	Independent	• 2	Minus	AAA	3	= -		X42=		OR	X84=	
٧	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					L_	J	+140=		OR	+280=	
								TOTA ADDIT. FE		OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER MOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
OME	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***		=	4	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
								TOTA		OR	TOTAL ADDIT. FEE	
		(Column 1)	·		umn 2)	(Column	3)			-		
o k		CLAIMS REMAINING AFTER AMENDMENT		NU PRE\	SHEST IMBER VIOUSLY ID FOR_	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
OME	Total	*	Minus	**		=		X\$ 9=		OF	X\$18=	
AMENDMENT	Independent	*	Minus	***		- -	4	X42=		OF	X84='	
L	FIRST PRES	ENTATION OF	MULTIPLE DE	PENDE	NT CLAI	VI		+140:		OF	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * TOTAL										OF	TOTA ADDIT. FE	
* If the entry in column 1 is less than the entry in Column 2 is less than 20, enter *20.* ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter *3.* ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter *3.* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 8/01)